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## BIB DATA SHEET

CONFIRMATION NO. 1488

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                  | ATTORNEY DOCKET<br>NO.                                       |              |                    |
|--|---|--|---------------------------------|--|--------------|--------------------|
| 10/559,549   | 03/20/2006<br>RULE  | 137  | 3753                            | 209593-102438  |              |                    |
| <b>APPLICANTS</b><br>Michael Zimpfer, Ettlingen, GERMANY;<br>Andreas Hilgert, Sinzheim, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP04/05712 05/27/2004<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 103 25 202.9 06/04/2003<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>12/01/2006 |   |  |                                 |  |              |                    |
| Foreign Priority claimed   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY                | SHEETS DRAWINGS  | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| 35 USC 119(a-d) conditions met   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | GERMANY                         | 2  | 14           | 4                  |
| Verified and   | /STEPHEN M<br>HEPPERLE/<br>Examiner's Signature   | Initials                                     |                                 |  |              |                    |
| <b>ADDRESS</b><br>BENESCH, FRIEDLANDER, COPLAN & ARONOFF LLP<br>ATTN: IP DEPARTMENT DOCKET CLERK<br>2300 BP TOWER<br>200 PUBLIC SQUARE<br>CLEVELAND, OH 44114<br>UNITED STATES   |   |  |                                 |  |              |                    |
| <b>TITLE</b><br>Pressure-dependent check valve and hydraulic system equipped therewith   |   |  |                                 |  |              |                    |
| <b>FILING FEE RECEIVED</b><br>1380   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                 | <input type="checkbox"/> All Fees                            |              |                    |
|  |   |  |                                 | <input type="checkbox"/> 1.16 Fees (Filing)                  |              |                    |
|  |   |  |                                 | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |              |                    |
|  |   |  |                                 | <input type="checkbox"/> 1.18 Fees (Issue)                   |              |                    |
|  |   |  |                                 | <input type="checkbox"/> Other _____                         |              |                    |
|  |   |  | <input type="checkbox"/> Credit |  |              |                    |